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Objectives:

To locate the Perinatal Mental Health Project's (PMHP) experience of counseling refugee women in the broader system of multiple oppressions. Understanding the social determinants of health is as important to the success of mental health interventions as biomedical diagnoses (Farmer et al 2006). Awareness of this context may engender more empathic care for refugee women, particularly as contextual factors may not always be self-evident.

Methodology:

The PMHP provides a mental health service in a primary level obstetric facility in Cape Town, South Africa. The increasing number of refugee women attending the facility, and presenting with maternal mental illness, has been addressed by the PMHP through providing on-site counseling in French, Swahili and Lingala. Women from several African countries have received counseling. To ensure an informed mental health service, the PMHP conducted a literature review based on the emerging themes in counsellor reports.

Results:

Structural violence as experienced by refugee women may contribute to mental illness, or risk of mental illness. Specific factors include: violence, physical injury, sexual violence, loss of family members and support systems, social exclusion, xenophobia and discrimination, cultural and/or gender oppression, language barriers and extreme poverty – usually in combination. Existing cultural oppression, such as gender roles and expectations around pregnancy, may increase stress, while violence and displacement amplify gender power differentials. The inability to continue cultural practices may contribute to a loss of identity and feelings of failure. Gender-specific psychobiological reactions to trauma may contribute to higher risk for post-traumatic stress disorder among women (Meewisse et al 2007). Fear of further oppression and lack of trust may cause refugee women to avoid entering into therapy, or accessing health care. Therefore, a highly vulnerable group of women may not access necessary practical and psychological support.

Conclusion:

Refugees are an increasing, and particularly vulnerable population in South Africa. Being able to identify and treat mental illness among pregnant refugee women requires an appreciation of both the clinical and 'biosocial'. The PMHP advocates for a deeper understanding of the refugee experience to provide appropriate and empathic mental health care.